DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60323-USA

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

My residence, post office a	ddress and citizenship are as stat	ed below next to my name.	
I believe I am the original, f inventor (if plural names are listed invention entitled <u>Treatment of En</u> following box is checked:		ch is claimed and for which a pat	ent is sought on the
	04, as United States Application 24274, and was amended on		International Application
I hereby state that I have re claims, as amended by any amen	viewed and understand the conte dment referred to above.	ents of the above-identified speci	fication, including the
I acknowledge the duty to d	isclose information which is mate	rial to patentability as defined in	37 CFR §1.56.
I hereby claim foreign priori inventor's certificate, or §365(a) o United States, listed below and ha inventor's certificate, or PCT Interclaimed.	ave also identified below, by checl	n which designated at least one king the box, any foreign applica	country other than the tion for patent or
Prior Foreign Application(s)			Priority Not Claimed
			_ 🗆
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	_
I hereby claim the benefit under 3	5 USC §119(e) of any United Sta	tes provisional application(s) list	ed below.
60/491,007	July 29, 2003		
(Application Number)	(Filing Date)		
(Application Number)	(Filing Date)		
(r ipproducti vizzer)	(,g = 2.1.5)		
(Application Number)	(Filing Date)		
International application designation of this application is not disclosed first paragraph of 35 USC §112, I in 37 CFR §1.56 which became a International filing date of this applications.	in the prior United States or PCT acknowledge the duty to disclose vailable between the filing date of	and, insofar as the subject mate International application in the reinformation which is material to	ter of each of the claims nanner provided by the patentability as defined
(Application Number)	(Filing Date)	(Status - patented,	pending, abandoned)
I hereby appoint the following the Patent and Trademark Office John M. Sheehan 26,065 Paul A. Fair 35,866	ng attorney(s) and/or agent(s) to p connected therewith: Marcia D. Pintzuk –33,756	prosecute this application and to	transact all business in
Address all telephone calls to:	John M. Sheehan – 215-299-69		
Address all correspondence to:	Patent Administrator FMC Corporation 1735 Market Street Philadelphia, Pennsylvania 1910		
I hereby declare that all sta information and belief are believe false statements and like so mad United States Code and that such thereon.	e are punishable by fine or impris	e statements were made with the onment, or both, under Section	e knowledge that willful 1001 of Title 18 of the
Full name of sole or first inventor (given name, family name):		Dalbir S. Sethi	
Inventor's signature:			
Residence: Cranbury, NJ			
	nsboro Road, Cranbury, NJ 085	· · · · · · · · · · · · · · · · · · ·	
	being named on separately numb		

For the invention entitled: <u>Treatment of Enviro</u>	
Full name of second joint inventor, if any (g	
Inventor's signature:	
Residence: Wyncote, PA	Citizenship: US
Post Office Address: 126 East Waverly Ro	ad, Wyncote, PA 19095
Full name of third joint inventor, if any (give	n name, family name): Lawrence J. Kinsman
Inventor's signature:	
Residence: Madison, WI	
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Full name of fourth joint inventor, if any (given the second seco	ven name, family name): Philip A. Block
Inventor's signature:	
Residence: Chester Heights, PA	Citizenship: US
Post Office Address: 357 Willets Way, Che	ester Heights, PA 19061
Full name of fifth joint inventor, if any (giver	n name, family name):
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of sixth joint inventor, if any (give	en name, family name):
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of seventh joint inventor, if any (given name, family name):
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of eighth joint inventor, if any (given	ven name, family name):
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of ninth joint inventor, if any (give	en name, family name):
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of tenth joint inventor, if any (give	en name, family name):
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of eleventh joint inventor, if any (
Inventor's signature:	Date:
Residence:	Citizenship:
Post Office Address:	
Full name of twelfth joint inventor, if any (gi	
Inventor's signature:	
Residence:	
Post Office Address:	